

2019 Watch City Camp Scholarship Request Form

Please fill out all of the following information and submit this form along with a completed Camp Application with your requested summer weeks.

Please note: the maximum scholarship amount awarded is \$125 per week per child. All scholarship applicants must submit a \$25-dollar deposit per week requested. Please note that the balance of each week must be paid in full prior to the start of each camp week.

SCHOLARSHIP APPLICTION DEADLINE IS MONDAY, MAY 1, 2019. Applications will NOT BE ACCEPTED after the deadline.

THIS APPLICATION MUST BE ACCOMPANIED WITH A COPY OF YOUR 2018 TAX RETURNS IN ORDER TO BE PROCESSED. Incomplete forms will not be accepted.

Once all required information is submitted, the results and the amount of the allocation will be released on **May 15**, if applicable. You are responsible for the balance of any camp fees above the scholarship amount.

Parents who obtain childcare vouchers do not qualify for the summer camp scholarship.

Address:		City:	Zip:
	Alternate #:		
		L INFORMATION: n must be completed)	
Family Size:	N	Number of Children:	
Name(s) & Age(s) of all childre	en including those not participating	in summer camp:	
Number of children requesting	g for scholarship:		
Child's Name: 1)		Child's Date o	f Birth:
Child's Name: 2)		Child's Date o	f Birth:
Child's Name: 3) Child		Child's Date o	f Birth:
List total yearly household inco	ome received from salaries, wages, a	limony, child support, social se	ecurity, disability etc.
\$Number of people living in ho	 usehold being supported by this inc	ome? Adults Chil	dren (18 and under)
	<u>CONS</u>	<u>IDERATIONS</u>	